

500401 - 0403

NFA - HGW

2/3/88

no haz-
outstore

SITE DESCRIPTION/EXECUTIVE SUMMARY

RECEIVED

NOV 25 1987

Site Name and Location

Metal Cabinet Company
25280 Ryan Road
Warren, MI 48091

County: Macomb
Michigan Code Number: 99-T1N-R12E-20CB
DNR District: Detroit
EPA ID Number: MIT27001877

SAS Score/Screen No.:

The Metal Cabinet Company is located at 25410 Ryan Road in Warren, MI. In compliance with the Compensation and Liability Act of 1980, the Metal Cabinet Company submitted the 103-C notification form to E.P.A. This form indicated the company was responsible for generating halogenated solvents during the manufacturing of metal cabinets and electrical enclosures. Besides the 103-C form, there is no other documented information about the company on file. Moreover, there is no obtainable information from the Macomb County Health Department or the Detroit District Office indicating any type of hazardous waste release from the Metal Cabinet Company.

On November 13, 1987 I spoke with Pat Nemshick, a representative of the Metal Cabinet Company. She informed me that the waste is stored indoors, on site, in two 55 gallon drums. The waste is then hauled approximately every three months by Gold Shield Solvents of Detroit. The total yearly waste would then be approximately 440 gallons.

Recommendations for EPA

There is no information in either E.P.A. or Michigan Department of Natural Resources files which give evidence that this facility has released hazardous waste into the environment. Also, because of the information gathered from the Company representative, it is recommended that this site receives a "no further action priority for inspection."

Pre-HRS Score: N/A

Projected HRS Score: N/A

SI Priority: NO FURTHER ACTION

Hours Spent: 6 + .5 + + + = 6.5

Initial & Date: MC 11-19 11-08-87

Date of Previous Summary:
Previous Author:

Current Date: 11/16/87
Author: M. Coscarelli

Site Assessment Unit
Environmental Response Division
Michigan Dept. of Natural Resources

00628#



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

22 2100

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <i>Metal Cabinet Company</i>	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <i>25240 and 25410 Ryan Rd</i>				
03 CITY <i>Warren</i>	04 STATE <i>MI</i>	05 ZIP CODE <i>48091</i>	06 COUNTY <i>Macomb</i>	07 COUNTY CODE <i>99</i>	08 CONG DIST
09 COORDINATES LATITUDE <i>42° 28' 30"</i>	LONGITUDE <i>83° 43' 55"</i>	<i>Highland Park Guard 75 m</i>			
10 DIRECTIONS TO SITE (Starting from nearest public road) <i>From I-75 South - Take I 696 East to Ryan Rd Exit Go South to 1st block before home site is located on east side of Ryan Rd</i>					

III. RESPONSIBLE PARTIES

01 OWNER (If known)	02 STREET (Business, mailing, residential) <i>25410 Ryan Rd</i>		
03 CITY <i>Warren</i>	04 STATE <i>MI</i>	05 ZIP CODE <i>48091</i>	06 TELEPHONE NUMBER <i>(313) 754-5150</i>
07 OPERATOR (If known and different from owner) <i>Michalis Heman, Exec. Dir.</i>	08 STREET (Business, mailing, residential) <i>25410 Ryan Rd</i>		
09 CITY <i>Warren</i>	10 STATE <i>MI</i>	11 ZIP CODE <i>48091</i>	12 TELEPHONE NUMBER <i>(313) 754-5150</i>
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ <input type="checkbox"/> G. UNKNOWN			

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check at the end of the year)
☐ A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO	BY (Check at the end of the year) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ CONTRACTOR NAME(S): _____
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02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION <i>1948</i> <i>present</i> <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR
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04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
metal flaking residue, paint sludge

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
potential hazard to employees if they come into direct contact with the sludges

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, complete Part 2. Where appropriate and Part 3. Description of hazardous conditions and releases)
☐ A. HIGH ☐ B. MEDIUM ☐ C. LOW ☒ D. NONE
(Indicate priority for inspection) (Indicate priority for inspection) (Indicate priority for inspection) (Indicate priority for inspection)

VI. INFORMATION AVAILABLE FROM

01 CONTACT <i>Pat Naimshick</i>	02 OF (Agency/ Organization) <i>Metal Cabinet Company</i>	03 TELEPHONE NUMBER <i>313 754-5150</i>
04 PERSON RESPONSIBLE FOR ASSESSMENT <i>M. Casarelli / S. Annunzio</i>	05 AGENCY <i>MDNR</i>	06 ORGANIZATION <i>ER D.</i>
07 TELEPHONE NUMBER <i>517 373-4800</i>		08 DATE <i>11 12 88</i> MONTH DAY YEAR